

TO: Benefits Specialist

FROM: _____

SUBJECT: Called to Active Military Duty

I have received notice that I will be called to active military duty on _____. I am requesting that the following actions be taken regarding my absence from the Johnson Space Center. In preparation for my request, I have read and understand the information provided by the Human Resources Office regarding Leave Without Pay for Uniformed Services (LWOP-U.S.) and restoration rights. A copy of my military orders and an SF52, Request for Personnel Action, are attached.

☐ I do not wish to use military leave or annual leave and request that I be placed on LWOP-U.S. status effective _____.

☐ Before being placed on LWOP-U.S., I wish to use:

_____ hours accrued military leave

_____ hours accrued annual leave

_____ hours compensatory/credit time

During the time I am using the above leave, I wish to use _____ number of hours each pay period before being placed in an LWOP-U.S. status.

☐ I understand that my health insurance will continue at no cost to me for 18 months while in a LWOP-U.S. status. I also understand that my coverage will terminate after 18 months in a LWOP-U.S. status.

Employee Signature